

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002066

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** FRATERNAL ORDER OF POLICE, WILLIAM "BILL" RUTHERFORD LODGE #145, INC.

**Current Principal Place of Business:**

4390 NE 35TH ST  
SUITE#1  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2075  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 26-2421915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ERNST, GARY W  
6861 SE 104TH ST  
BELLEVIEW, FL 34420 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ERNST, GARY W  
Address: 6861 SE 104TH ST  
City-St-Zip: BELLEVIEW, FL 34420

Title: VP ( ) Delete  
Name: TUCKER, TODD  
Address: P O BOX 2075  
City-St-Zip: OCALA, FL 34478

Title: TRES ( ) Delete  
Name: RICHTER, PETE  
Address: P O BOX 2075  
City-St-Zip: OCALA, FL 34478

Title: SEC ( ) Delete  
Name: GREENWAY, ALFRED  
Address: POB 2075  
City-St-Zip: OCALA, FL 34478

Title: COND ( ) Delete  
Name: CANNATELLA, VINCE  
Address: PO BOX 2075  
City-St-Zip: OCALA, FL 34478

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY ERNST

P

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date